

**Testimony in Favor of HB 5371, 5372, 5373, 5378**

From: Laine Taylor, DO of Connecticut Council of Child and Adolescent Psychiatry

To: the members of the program review and investigations committee

The greatest gap for access within this state is for the middle class families with private insurance. The accessibility to providers, programs, and adequate length of treatment hits our working class families hardest. Connecticut has a safety net for its poor in the form of HUSKY and the wealthy of this state can access fee for service treatment. This gap in care is relevant for all medical care, but impacts mental health care to a greater extent. The state of Connecticut is realizing the importance and wide reaching impact of mental health and access to mental health care for all individuals over the past year. Much of the effort to improve access has been for children and their families. This is seen in our state legislature's enactment of several laws including PA 13-3 and PA 13-178 which deal in the innovative efforts at delivering mental health screening and interventions to children. This is also seen through the Governor's administrative efforts and collaboration with the Office of the Health Care Advocate. As a Child and Adolescent Psychiatrist, representative of the Connecticut Council of Child and Adolescent Psychiatry, and a Connecticut resident, I am speak in support of HB 5371, 5372, 5373, and 5374.

Our statements in support of each bill are as follows:

**Regarding HB 5371:**

As any parent is aware, a child does not exist in a vacuum. The environment of a child includes school, peer interactions, and family. One of our most effective therapeutic interventions is the In-Home therapeutic service. This entails a licensed clinician entering the home to evaluate and address the behaviors of a child within the family structure. It provides the child, family, and clinician with a perspective unavailable through clinic visits. This intervention is not appropriate for all children, but is reserved for children with whom other interventions have been unsuccessful. Currently this is only available to family with HUSKY insurance or DCF voluntary services. The only current access to Intensive In-Home Child and Adolescent Psychiatric Services is through the use of state funding sources. It is the position of the Connecticut Council for Child and Adolescent Psychiatry that this level of care be available to all children within the state, including those with a private insurance payer. Reporting the use of state funding for in home services by those with private insurance will provide the state with information to determine further necessary steps to make this service accessible even within the access gap.

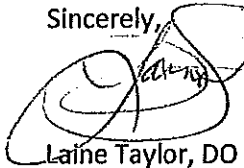
**Regarding HB 5372:**

The council also supports the development of a council in the administration to review policies and access to substance abuse care for all individuals. There is a deficit of services for

Medicaid is eligible for Intensive In-Home Child Psychiatry Services, if the employment or income status of the family changes such that they are not Medicaid eligible, the In-Home service ends. This disrupts treatment for the child and family. A month bridge of care will allow for adequate planning based on what is offered by the new insurance company.

Thank you for the opportunity to voice our support for these bills. Please contact our organization for further communication.

Sincerely,



DO MBA

Laine Taylor, DO MBA

Legislative Liaison for the Connecticut Council of Child and Adolescent Psychiatry